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| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Brett First name L. Middle name Duck Last name and Suffix (Sr., Jr., II, III) | Ronda First name M. Middle name Duck Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7211 | xxx-xx-7528 |

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Debtor 1 Brett L. Duck
Debtor 2 Ronda M. Duck

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----|--|---|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs | | |
| 5. | Where you live | 3N744 W. Laura Ingalls Wilder Saint Charles, IL 60175 | If Debtor 2 lives at a different address: | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Kane | | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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| | | Ronda M. Duck | | | | _ | Case number (if known) | | |
|-----|------------------------------|---|---|---|---|-----------------------------------|---|---|--|
| Pa | rt 2: T | ell the Court About \ | Your Bank | ruptcy C | ase | | | | |
| 7. | Bankr | hapter of the uptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
| | choos | choosing to file under | | er 7 | | | | | |
| | | | ☐ Chapt | er 11 | | | | | |
| | | | ☐ Chapt | er 12 | | | | | |
| | | | ☐ Chapt | er 13 | | | | | |
| 8. | How y | rou will pay the fee | abo ord a p | out how your er. If your re-printed | ou may pay. Typically, if you a r attorney is submitting your pa d address. | re paying the f ayment on you | ee yourself, you may pay with behalf, your attorney may pa | n your local court for more details cash, cashier's check, or money by with a credit card or check with | |
| | | | | | i y the fee in installments. If y lee in Installments (Official Fort | | option, sign and attach the A | pplication for Individuals to Pay | |
| | | | but app | is not red lies to yo | quired to, waive your fee, and | may do so only able to pay the | if your income is less than 15 fee in installments). If you cho | Chapter 7. By law, a judge may, 50% of the official poverty line that cose this option, you must fill out t with your petition. | |
| 9. | | you filed for uptcy within the | ■ No. | | | | | | |
| | | years? | ☐ Yes. | | | | | | |
| | | | | District | | When | Case num | nber | |
| | | | | District | | When | Case num | nber | |
| | | | | District | | _ When | Case num | lber | |
| 10. | | ny bankruptcy pending or being | ■ No | | | | | | |
| | filed b not fil you, c | y a spouse who is ing this case with or by a business er, or by an | ☐ Yes. | | | | | | |
| | | | | Debtor | | | Relationshi | p to you | |
| | | | | District | | When | Case numb | per, if known | |
| | | | | Debtor | | | Relationshi | p to you | |
| | | | | District | | When | Case numb | per, if known | |
| 11. | Do yo | u rent your | ■ No. | Go to | line 12. | | | | |
| | reside | mue f | ☐ Yes. | Has y | our landlord obtained an evicti | on judgment a | gainst you? | | |
| | | | | | No. Go to line 12. | | | | |
| | | | | | Vos Fill out Initial Statemen | t About an Evic | etion Judgmont Against Vou (E | Form 101A) and file it as part of | |

this bankruptcy petition.

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| | otor 1 Brett L. Duck Ronda M. Duck | | 200011 | Case number (if known) | | | | |
|--|--|--|---|---|--|--|--|--|
| Par | Report About Any Bu | ısinesses | You Own as a Sole Propri | etor | | | | |
| | Are you a sole proprietor | | | | | | | |
| | of any full- or part-time business? | ■ No. | Go to Part 4. | | | | | |
| | | ☐ Yes. | Name and location of business | | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | ess you operate as Name of business, if any dividual, and is not a rate legal entity such corporation, | | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | re than one Ship, use a Number, Street, City, State & ZIP Code | | | | | | |
| | it to this petition. | Check the appropriate box to describe your business: | | | | | | |
| | | | Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | | |
| | | | ☐ Single Asset Rea | al Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | ☐ Stockbroker (as) | defined in 11 U.S.C. § 101(53A)) | | | | |
| | | | ☐ Commodity Brok | xer (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | ☐ None of the above | ve | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure | | | | | | |
| | For a definition of small | ■ No. | I am not filing under Cha | apter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapte Code. | r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | | |
| | | ☐ Yes. | I am filing under Chapte | r 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| Par | t 4: Report if You Own or | Have Any | Hazardous Property or A | ny Property That Needs Immediate Attention | | | | |
| 14. | Do you own or have any | ■ No. | | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | | | | | |
| public health or safety? Or do you own any property that needs If immediate attention is | | | | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | | |
| | | | | Number, Street, City, State & Zip Code | | | | |
| | | | | | | | | |

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Debtor 1 Brett L. Duck
Pebtor 2 Ronda M. Duck

Case number (if known)

15. Tell the court whether

Part 5:

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 19-33765 Doc 1 Filed 11/27/19 Entered 11/27/19 12:03:46 Desc Main Document Page 6 of 56

| | otor 2 Ronda M. Duck | | | Case r | number (if known) | | | |
|-----|--|--|---|---|---|--|--|--|
| Par | t 6: Answer These Questi | ons for Repo | rting Purposes | | | | | |
| 16. | What kind of debts do you have? | | e your debts primarily consundividual primarily for a personal, | | e defined in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | • | Yes. Go to line 17. | | | | | |
| | | 16b. Ar | e your debts primarily busined oney for a business or investment | ss debts? Business debts are on through the operation of the | debts that you incurred to obtain e business or investment. | | | |
| | | | No. Go to line 16c. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16c. Sta | ate the type of debts you owe th | at are not consumer debts or b | usiness debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. Ia | m not filing under Chapter 7. Go | to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses Am filing under Chapter 7. Do you estimate are paid that funds will be available to distribute the property is excluded and administrative expenses No | | | t property is excluded and administrative expenses ditors? | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | Yes | | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-199 □ 200-999 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | | |
| 19. | How much do you estimate your assets to be worth? | \$0 - \$50,0 \$50,001 - \$100,001 \$500,001 | \$100,000 - \$500,000 | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | | | | |
| 20. | How much do you estimate your liabilities to be? | \$0 - \$50,001 - \$50,001 - \$500,001 | - \$100,000 - \$500,000 | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | | | | |
| Par | t 7: Sign Below | | | | | | | |
| For | you | I have exami | ned this petition, and I declare u | under penalty of perjury that the | information provided is true and correct. | | | |
| | | | | | igible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7. | | | |
| | | | represents me and I did not pa have obtained and read the notion | | o is not an attorney to help me fill out this (b). | | | |
| | | I request relie | ef in accordance with the chapte | er of title 11, United States Code | e, specified in this petition. | | | |
| | | | | | oney or property by fraud in connection with a o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | /s/ Brett L. | | /s/ Ronda M | | | | |
| | | Brett L. Du Signature of | | Ronda M. I Signature of l | | | | |
| | | Executed on | November 27, 2019 MM / DD / YYYY | Executed on | November 27, 2019 MM / DD / YYYY | | | |

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| Brett L. Duck Ronda M. Duck | Document | Case number (if known) |
|--------------------------------|----------|------------------------|
| | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Robert N. Honig | Date | November 27, 2019 |
|--|---------------|------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Robert N. Honig 6216254 | | |
| Printed name | | |
| Robert N. Honig Firm name | | |
| 116 S. York St. | | |
| Suite 215 | | |
| Elmhurst, IL 60126 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (630) 834-1800 | Email address | robert@roberthonig.com |
| 6216254 IL | | |
| Bar number & State | | |

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| | | DOCUME | <u>eni Pade 8 di 5</u> | <u>n</u> | |
|---------------------|--------------------------|-------------------|------------------------|----------|------------------------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Brett L. Duck | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Ronda M. Duck | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 440,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 31,714.24 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 471,714.24 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 488,600.35 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 121,142.23 |
| | Your total liabilities | \$ | 609,742.58 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 5,935.02 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,935.02 |
| Pai | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

the court with your other schedules.

Official Form 106Sum

Summary of Yo

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

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Debtor 2

Ronda M. Duck

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,741.99

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total o | laim |
|--|---------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | Case 19-33 | 3765 | Doc 1 | | 11/27/19 ument | Entered 11/27/2 | 19 12:03:46 | Des | sc Main |
|--------------------|-------------------------------------|-----------------------------|-------------|--------------------|-------------|---------------------------------------|---|----------------------|------------|--|
| Fill | in this in | nformation to ide | ntify yo | our case and tl | | | | | | |
| Deb | otor 1 | Brett L. | Duck | | | | | | | |
| | | First Name | | Middl | e Name | | Last Name | | | |
| | otor 2 ouse, if filing) | Ronda N First Name | /I. Duc | | e Name | | Last Name | | | |
| | - | s Bankruptcy Cou | ırt for th | | | RICT OF ILLI | | | | |
| | | | | | | | | | | |
| Cas | se numbe | er | | | | | _ | | | Check if this is an amended filing |
| SC n ea hink | ched ich catego k it fits bes | st. Be as complete | Pro | cribe items. List | le. If two | married people | an asset fits in more than on e are filing together, both are e top of any additional page: | e equally responsib | le for sup | plying correct |
| | wer every | | aou, an | uon u oopunuto o | | | o top of any additional page | o, write your name | una oaco | namber (n anown). |
| Part | t 1: Desc | ribe Each Residen | ce, Buile | ding, Land, or O | ther Real | Estate You Ov | vn or Have an Interest In | | | |
| . D | o you own | n or have any legal | or equit | able interest in a | any resid | ence, building, | , land, or similar property? | | | |
| | No. Go to | o Part 2. | | | | | | | | |
| | | ere is the property? | | | | | | | | |
| | - 103. VVII | iere is the property: | | | | | | | | |
| | | | | | | | | | | |
| 1.1 | | | | | What | is the property | y? Check all that apply | | | |
| | - | Laura Ingalls | | | | Single-family I | home | | | ms or exemptions. Put |
| | Street add | fress, if available, or oth | ner descrip | otion | | • | ti-unit building | | | claims on Schedule D: s Secured by Property. |
| | | | | | | Condominium | or cooperative | | | |
| | | | | | | Manufactured | or mobile home | Current value o | f tha | Current value of the |
| | Saint 0 | Charles I | L (| 60175-0000 | | Land | | entire property? | | portion you own? |
| | City | S | State | ZIP Code | | Investment pro | operty | \$440,00 | 00.00 | \$440,000.00 |
| | | | | | | Timeshare Other | | (such as fee sin | nple, tena | our ownership interest ncy by the entireties, or |
| | | | | | Who | | t in the property? Check one | a life estate), if I | | irety |
| | Kane | | | | | Debtor 2 only | | | | |
| | County | | | | | Debtor 1 and | Debtor 2 only | Objects if the | - ! | |
| | | | | | | At least one of | f the debtors and another | (see instruction | | nunity property |
| | | | | | | r information ye erty identificati | ou wish to add about this ite on number: | m, such as local | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2. | Add the | dollar value of the | ne port | ion you own fo | or all of v | your entries f | from Part 1, including any | entries for | | |
| | | ou have attached | | | | | , | - | 1 | \$440,000.00 |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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| Debt | | onda M. Du | | | Case number (if | known) | |
|--------------|-----------------------|-----------------------------|--|---|---|-----------------------|--|
| 3. Ca | rs, vans, | trucks, tract | ors, sport utility ve | hicles, motorcycles | | | |
| | No | | | | | | |
| • | Yes | | | | | | |
| 3.1 | Make: Hummer | | | Who has an interest in the property? Check one | | | aims or exemptions. Put |
| 0 | Model: H3 | | | ■ Debtor 1 only | the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | | |
| | Year: 2006 | | | Debtor 2 only | | | |
| | | nate mileage: | 120,000 | Debtor 1 and Debtor 2 only | entire pro | alue of the perty? | Current value of the portion you own? |
| | Other inf | ormation: | | ☐ At least one of the debtors and another | | | |
| | | | | ☐ Check if this is community property (see instructions) | | \$4,000.00 | \$4,000.00 |
| | | V-II | | | Do not de | duct secured of | aims or exemptions. Put |
| 3.2 | Make: | Volkswag | gen | Who has an interest in the property? Check one | the amour | nt of any secure | ed claims on Schedule D: |
| | Model: | Tiguan | | ☐ Debtor 1 only | Creditors | Who Have Clai | ms Secured by Property. |
| | Year: | 2018 | 32,000 | Debtor 2 only | | alue of the | Current value of the |
| | | nate mileage: formation: | 32,000 | Debtor 1 and Debtor 2 only | entire pro | perty? | portion you own? |
| | Otherin | Offilation. | | ☐ At least one of the debtors and another | | | |
| | | | | ☐ Check if this is community property (see instructions) | \$ | 15,000.00 | \$15,000.00 |
| | | | | n for all of your entries from Part 2, including that number here | | .=> | \$19,000.00 |
| Part 3 | Descri | be Your Perso | nal and Household Ite | ems | | | |
| Do y | ou own o | or have any le | egal or equitable in | terest in any of the following items? | | <u> </u> | Current value of the cortion you own? Do not deduct secured claims or exemptions. |
| E: | <i>(amples:</i> No | | urnishings ces, furniture, linens | , china, kitchenware | | | |
| | Yes. De | scribe | | | | | |
| | | | lounge chairs, 1 cabinet, 1 book nightstands/dre | al household items including 3 sofas/lov kitchen table set, 1 dining room set, 1 c shelf, 3 lamps, 2 coffee tables, 3 beds, 3 ssers, several household tools, 1 lawnm patio set, 4 kitchen appliances, cookware | ower, | | \$4,500.00 |
| | | | | | | | |
| E | • | Televisions ar | · · · · · · · · · · · · · · · · · · · | eo, stereo, and digital equipment; computers, prin nedia players, games | iters, scanners; r | nusic collecti | ons; electronic devices |
| _ | No Yes. De | scribe | | | | | |
| | | | 5 televisions, 1 | computer, 1 stereo. | | | \$1,450.00 |
| | | | | • ' | | | |

Case 19-33765 Doc 1 Filed 11/27/19 Entered 11/27/19 12:03:46 Desc Main Page 12 of 56 Document Debtor 1 Brett L. Duck Debtor 2 Ronda M. Duck Case number (if known) 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ No Yes. Describe..... \$20.00 **Bicycles** 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... Usual used clothing \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$3.500.00 wedding ring set 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ No Yes. Describe..... \$0.00 Dog named "Mia' 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$9,970.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No
■ Yes.....

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| | ebtor 1 ebtor 2 | Brett L. Duc Ronda M. D | | | Case number (if known) | |
|-----|--------------------|-------------------------------------|-------------|---|---|--------------------------------|
| | | | | | Cash | \$50.00 |
| 17. | Examp | | | | counts; certificates of deposit; shares in credit unions, brokerage s with the same institution, list each. | houses, and other similar |
| | □ No ■ Yes | | | | Institution name: | |
| | | | 17.1. | Checking | U.S. Bank -2044 | \$500.00 |
| | | | 17.2. | Checking | U.S. Bank -1103 | \$3.78 |
| 18. | | | | cly traded stocks ent accounts with br | rokerage firms, money market accounts | |
| | | | | Institution or issuer | name: | |
| 19. | Non-pu joint ve | | stock and | interests in incorp | porated and unincorporated businesses, including an intere | st in an LLC, partnership, and |
| | ■ No □ Yes. | Give specific ir | | about themme of entity: | % of ownership: | |
| 20. | Negotia | able instrument | ts include | personal checks, ca | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. | |
| | ☐ Yes. (| Give specific in | | about them uer name: | | |
| 21. | | nent or pensio les: Interests in | | | 403(b), thrift savings accounts, or other pension or profit-sharing |) plans |
| | ☐ Yes. L | _ist each accou | | tely. of account: | Institution name: | |
| 22. | Your sh Examp | | ed deposi | ts you have made s | o that you may continue service or use from a company , public utilities (electric, gas, water), telecommunications compa | nies, or others |
| | ■ No □ Yes | | | | Institution name or individual: | |
| 23. | Annuiti | es (A contract | for a perio | dic payment of mon | ney to you, either for life or for a number of years) | |
| | Yes | l: | ssuer nam | ne and description. | | |
| 24. | 26 U.S.C | s in an educat C. §§ 530(b)(1), | , | | qualified ABLE program, or under a qualified state tuition pr | ogram. |
| | □ No ■ Yes | I | nstitution | name and description | on. Separately file the records of any interests.11 U.S.C. § 521(c |): |
| | | <u>_</u> E | BrightSta | art Savings acco | unts for minor children | \$190.46 |
| 25. | Trusts, ■ No | equitable or fo | uture inte | rests in property (| other than anything listed in line 1), and rights or powers ex | ercisable for your benefit |

☐ Yes. Give specific information about them...

Case 19-33765 Doc 1 Filed 11/27/19 Entered 11/27/19 12:03:46 Desc Main Page 14 of 56 Document Debtor 1 Brett L. Duck Debtor 2 Ronda M. Duck Case number (if known) 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements Nο ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you □ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... Possible 2019 income tax refund \$2,000.00 Federal & State 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: \$250,000 term life insurance Ronda Duck (spouse) \$0.00 \$0.00 \$100,000 term life insurance **Brett Duck (spouse)** 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

□ No

Yes. Describe each claim.......

Claim for Social Security Disability

Unknown

| | | Case 19-33765 | Doc 1 | Filed 11/27/19 Document | Entered 1 Page 15 of | 1/27/19 12:03:46 56 | Desc Main |
|-------------|----------------|--|----------------|----------------------------|-------------------------|-----------------------------|-------------------------|
| Deb | tor 1 tor 2 | Brett L. Duck Ronda M. Duck | | Doddinone | 1 ago 10 01 | Case number (if known) | |
| | | | | | | , , | |
| | Other d INo | contingent and unliquidate | ed claims of | every nature, includin | g counterclaims | of the debtor and rights to | set off claims |
| | | Describe each claim | | | | | |
| | | | | | | | |
| _ | | ancial assets you did not | already list | | | | |
| | No Voc | Cive enecific information | | | | | |
| | ı res. | Give specific information | | | | | |
| 36. | | he dollar value of all of yo | | • | | , , | \$2,744.24 |
| | for Pa | irt 4. Write that number he | ere | | | | ΨΣ,1 ΤΤ.ΣΤ |
| Part | 5: Des | scribe Any Business-Related | Property You | Own or Have an Interest | n. List any real esta | ate in Part 1. | |
| 37. D | o you c | own or have any legal or equi | table interest | in any business-related p | roperty? | | |
| | No. Go | to Part 6. | | | | | |
| | Yes. G | to to line 38. | | | | | |
| | | | | | | | |
| Dovt | e Doc | seribe Any Form and Comme | unial Fishing | Related Branauty Var. Ov. | Usus su Inters | n4 lm | |
| Part | | scribe Any Farm- and Comme ou own or have an interest in fa | | | ii or nave an intere | St III. | |
| 46 [| Do vou | own or have any legal or | oquitable in | torost in any farm- or | commorcial fishir | ag-rolated property? | |
| | _ ` | Go to Part 7. | equitable iii | terest in any famil- or t | Johnner Clai HSIIII | ig-related property: | |
| | _ | Go to line 47. | | | | | |
| | — 163. | GO to line 47. | | | | | |
| Part | 7: | Describe All Property You (| Own or Have a | n Interest in That You Did | l Not List Above | | |
| · arc | •• | Becombo / in 1 reporty Tour | 5 m or maro e | moros m mac roa bi | THOU EIGH ABOVO | | |
| | | have other property of an oles: Season tickets, country | | | | | |
| | Examp I No | iles. Season tickets, country | / club membe | risnip | | | |
| _ | | Give specific information | | | | | |
| | | · | | | | , | |
| 54. | Add t | he dollar value of all of yo | ur entries fr | om Part 7. Write that n | umber here | | \$0.00 |
| | | | | | | l | |
| Part | 8: | List the Totals of Each Part of | of this Form | | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | | | \$440,000.00 |
| 56. | | : Total vehicles, line 5 | | | \$19,000.00 | | <u> </u> |
| 57. | | : Total personal and hous | sehold items | , line 15 | \$9,970.00 | | |
| 58. | Part 4 | : Total financial assets, li | ne 36 | | \$2,744.24 | | |
| 59. | Part 5 | : Total business-related p | property, line | 45 | \$0.00 | | |
| 60. | Part 6 | : Total farm- and fishing- | related prop | erty, line 52 | \$0.00 | | |
| 61. | Part 7 | : Total other property not | listed, line | 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lin | es 56 throug | h 61 | \$31,714.24 | Copy personal property to | otal \$31,714.24 |
| 63. | Total | of all property on Schedu | le A/B Add I | ine 55 + line 62 | | | \$471,714.24 |
| 55. | | p po y on oonouu | / tuu i | | | | Ψ71 1,1 17. 4 7 |

Official Form 106A/B Schedule A/B: Property page 6

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| | | | 111 FAUE 10 01 30 | |
|---------------------|--------------------------|-------------------|-------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Brett L. Duck | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Ronda M. Duck | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as E | xempt | | | |
|----|---|--|---------|---|------------------------------------|
| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | ur spouse is filing with you. | |
| | ■ You are claiming state and federal nonbank | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 t | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | 3N744 Laura Ingalls Wilder Rd. Saint Charles, IL 60175 Kane County | \$440,000.00 | | \$30,000.00 | 735 ILCS 5/12-901 |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2006 Hummer H3 120,000 miles | \$4,000.00 | | \$2,050.00 | 735 ILCS 5/12-1001(c) |
| | Line Holli Schedule AV.B. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Usual and typical household items including 3 sofas/loveseats, 4 lounge | \$4,500.00 | | \$1,000.00 | 735 ILCS 5/12-1001(b) |
| | chairs, 1 kitchen table set, 1 dining room set, 1 china cabinet, 1 bookshelf, 3 lamps, 2 coffee tables, 3 beds, 3 nightstands/dressers, several household tools, 1 lawnmower, snowblower Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 5 televisions, 1 computer, 1 stereo. Line from Schedule A/B: 7.1 | \$1,450.00 | | \$930.00 | 735 ILCS 5/12-1001(b) |
| | LINE HOLL SCHEUUIE AVD. 1.1 | | | 100% of fair market value up to | |

any applicable statutory limit

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Ronda M. Duck Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Usual used clothing 735 ILCS 5/12-1001(a) 100% \$500.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit wedding ring set 735 ILCS 5/12-1001(b) \$3,500.00 \$3,500.00 Line from Schedule A/B: 12.1 П 100% of fair market value, up to any applicable statutory limit Cash 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Checking: U.S. Bank -2044 735 ILCS 5/12-1001(b) \$500.00 \$500.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Checking: U.S. Bank -1103 735 ILCS 5/12-1001(b) \$3.78 \$20.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **BrightStart Savings accounts for** 735 ILCS 5/12-1001(j) \$190.46 \$190.46 minor children Line from Schedule A/B: 24.1 100% of fair market value, up to any applicable statutory limit Federal & State: Possible 2019 735 ILCS 5/12-1001(b) \$2,000.00 \$2,000.00 income tax refund Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit Claim for Social Security Disability 735 ILCS 5/12-1001(g)(1) Unknown 100% Line from Schedule A/B: 33.1 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Brett L. Duck

Debtor 1

| (| Case 19-33765 | Doc 1 Filed 11/27/19 Document | Entered Page 18 | l 11/27/19 12:0 of 56 |)3:46 Desc M | 1ain |
|---------------------------------|---------------------------------|--|--------------------|---|--|-----------------------------|
| Fill in this inf | ormation to identify you | | | | | |
| Debtor 1 | Brett L. Duck First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | Ronda M. Duck First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | | | |
| Case number (if known) | | | | | | if this is an led filing |
| Official Fo | orm 106D | | | | | |
| Schedul | e D: Creditors | Who Have Claims | Secured | by Property | / | 12/15 |
| | the Additional Page, fill it o | f two married people are filing togethout, number the entries, and attach it t | | | | |
| 1. Do any credit | ors have claims secured by | your property? | | | | |
| ☐ No. Ch | eck this box and submit th | nis form to the court with your other | schedules. You | u have nothing else to | report on this form. | |
| Yes. Fi | ill in all of the information I | pelow. | | | | |
| Part 1: Lis | t All Secured Claims | | | | | |
| 2. List all secu | red claims. If a creditor has r | nore than one secured claim, list the cre | ditor separately | Column A | Column B | Column C |
| | | a particular claim, list the other creditors cal order according to the creditor's name | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 PNC B | | Describe the property that secures t | he claim: | \$25,273.00 | \$15,000.00 | \$10,273.00 |
| Creditor's N | | 2018 Volkswagen Tiguan 32 miles | ,000 | | | |
| | ox 747032 Irgh, PA 4032 | As of the date you file, the claim is: apply. Contingent | Check all that | | | |

Number, Street, City, State & Zip Code

 $\hfill \square$ At least one of the debtors and another

Date debt was incurred April, 2018

☐ Check if this claim relates to a

Who owes the debt? Check one.

☐ Debtor 1 and Debtor 2 only

community debt

Debtor 1 only

■ Debtor 2 only

☐ Unliquidated ☐ Disputed

car loan)

Nature of lien. Check all that apply.

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

■ An agreement you made (such as mortgage or secured

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☐ Statutory lien (such as tax lien, mechanic's lien)

Last 4 digits of account number

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| Debtor 1 Brett L. Duck | | Case number (if known) | | |
|---|--|------------------------|--------------|-------------|
| Pirst Name Michael Debtor 2 Ronda M. Duck | ddle Name Last Name | | | |
| | ddle Name Last Name | | | |
| | | | | |
| Specialized Loan Servicing LLC | Describe the property that secures the claim: | \$365,147.62 | \$440,000.00 | \$0.00 |
| Creditor's Name | 3N744 Laura Ingalls Wilder Rd. Saint | | | |
| | Charles, IL 60175 Kane County | | | |
| PO Box 60535 | As of the date you file, the claim is: Check all that | | | |
| City of Industry, CA 91716-0535 | apply. | | | |
| Number, Street, City, State & Zip Code | Contingent | | | |
| Number, Street, City, State & Zip Code | □ Unliquidated□ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only | An agreement you made (such as mortgage or second such as mortgage). | secured | | |
| Debtor 2 only | car loan) | scourcu | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and anot | ther | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | | | | |
| Date debt was incurred 2005 | Last 4 digits of account number 4670 |) | | |
| | | | | |
| 2.3 TitleMax of Illinois, Inc. | Describe the property that secures the claim: | \$1,950.00 | \$4,000.00 | \$0.00 |
| Creditor's Name | 2006 Hummer H3 120,000 miles | | <u> </u> | |
| | | | | |
| 0045 W Main 01 | As of the date you file, the claim is: Check all that | | | |
| 2015 W. Main St. Saint Charles, IL 60174 | apply. | | | |
| | Contingent | | | |
| Number, Street, City, State & Zip Code | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | ■ An agreement you made (such as mortgage or s | cocurad | | |
| Debtor 2 only | car loan) | secureu | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and anot | | | | |
| ☐ Check if this claim relates to a | ☐ Other (including a right to offset) | | | |
| community debt | | | | |
| Date debt was incurred 9/20/19 | Last 4 digits of account number 7308 | 3 | | |
| | | | | |
| 2.4 Wells Fargo Bank, NA | Describe the property that secures the claim: | \$96,229.73 | \$440,000.00 | \$21,377.35 |
| Creditor's Name | 3N744 Laura Ingalls Wilder Rd. Saint | | | |
| | Charles, IL 60175 Kane County | | | |
| P.O. Box 10335 | As of the date you file, the claim is: Check all that | l | | |
| Des Moines, IA 50306 | apply. \square Contingent | | | |
| Number, Street, City, State & Zip Code | <u> </u> | | | |
| , | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only | ■ An agreement you made (such as mortgage or s | secured | | |
| Debtor 2 only | car loan) | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| lacksquare At least one of the debtors and anot | ther Judgment lien from a lawsuit | | | |
| Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | | | | |
| Date debt was incurred | Last 4 digits of account number 2889 |) | | |

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| Debtor 1 | Brett L. Duck | | | Case number (if known) | |
|----------|-------------------------|-----------------------|------------------------------------|------------------------|---|
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Ronda M. Duck | | | | |
| | First Name | Middle Name | Last Name | | |
| | | | | | |
| Add the | dollar value of your en | ntries in Column A on | this page. Write that number here: | \$488,600.3 | 5 |
| | the last page of your f | orm, add the dollar v | alue totals from all pages. | \$488,600.3 | 5 |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Write that number here:

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | ase 19-55705 D | Document | | 21 of 56 | 40 Desc | IVIAIII |
|---|---|---|--------------------------------------|---|---|--|
| Fill in this info | ormation to identify your c | | T TICK: 7 | 1 (71 : 70) | | |
| Debtor 1 | Brett L. Duck | | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Ronda M. Duck | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States I | Bankruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Ched | ck if this is an |
| | | | | | ame | nded filing |
| Official Fo | rm 106E/F | | | | | |
| | | ho Have Unsecure | d Claime | | | 12/15 |
| | | Part 1 for creditors with PRIO | | Dort 2 for avaditors with NON | DDIODITY eleime | |
| Schedule G: Exe Schedule D: Cre left. Attach the C name and case r | cutory Contracts and Unexpi ditors Who Have Claims Secu ontinuation Page to this page number (if known). | that could result in a claim. Als red Leases (Official Form 106G ured by Property. If more space e. If you have no information to |). Do not include is needed, copy | e any creditors with partially s the Part you need, fill it out, i | ecured claims tha number the entries | at are listed in s in the boxes on the |
| | All of Your PRIORITY Und | | | | | |
| - | litors have priority unsecured | ciaims against you? | | | | |
| No. Go to | o Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| Part 2: List | All of Your NONPRIORITY | / Unsecured Claims | | | | |
| 3. Do any cred | litors have nonpriority unsec | ured claims against you? | | | | |
| | • • | rt. Submit this form to the court w | ith your other sch | nedules. | | |
| Yes. | | | | | | |
| unsecured c | laim, list the creditor separately | ims in the alphabetical order of for each claim. For each claim lis at the other creditors in Part 3.If yo | ted, identify what | type of claim it is. Do not list cla | ims already include | ed in Part 1. If more |
| | | | | | Т | otal claim |
| 4.1 Banya | an Chicago | Last 4 digits of a | account number | | | \$22,000.00 |
| • | ority Creditor's Name | | | | | |
| | Main St., #290 rville, IL 60540 | When was the d | ebt incurred? | 2017 | | |
| | r Street City State Zip Code | As of the date yo | ou file, the claim | is: Check all that apply | | |
| Who in | curred the debt? Check one. | • | • | , | | |
| ■ Deb | tor 1 only | ☐ Contingent | | | | |
| ☐ Deb | tor 2 only | ☐ Unliquidated | | | | |
| | tor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | east one of the debtors and ano | _ ` | ORITY unsecure | ed claim: | | |
| | ck if this claim is for a comm | _ | | | | |
| debt | laim subject to offset? | | | paration agreement or divorce th | at you did not | |
| ■ No | - | ☐ Debts to pens | ion or profit-shari | ing plans, and other similar debt | S | |
| ☐ Yes | | Other, Specify | , Medical | | | |

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| Debte | or 2 Ronda M. Duck | Case number (if known) | | | | | |
|-------|---|--|--|------------|--|--|--|
| 4.2 | Body Solutions Chiropractic & | Last 4 digits of account number | 1669 | \$955.05 | | | |
| | Nonpriority Creditor's Name Rehab Center 40W 222 Lafox Road, Suite G-1 Saint Charles, IL 60175-7625 | When was the debt incurred? | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | _ | | | | | | |
| | ☐ Debtor 1 only | Contingent | | | | | |
| | Debtor 2 only | Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify medical se | rvices | | | | |
| 4.3 | Capital One | Last 4 digits of account number | 1338 | \$126.52 | | | |
| | Nonpriority Creditor's Name PO Box 4069 Carol Stream, IL 60197-4069 | When was the debt incurred? | 2019 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | • | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | |
| | No | Debts to pension or profit-sharing | | | | | |
| | Yes | Other. Specify credit card | purchases | | | | |
| 4.4 | Capital One | Last 4 digits of account number | 3264 | \$7,558.27 | | | |
| | Nonpriority Creditor's Name P.O. Box 6492 | When was the debt incurred? | 2016-19 | | | | |
| | Carol Stream, IL 60197-6492 | _ | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | Debtor 1 only | | | | | | |
| | | Contingent | | | | | |
| | Debtor 2 only | Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a ciaiin: | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharin | a plans, and other similar debts | | | | |
| | | · | | | | | |
| | Yes | Other. Specify credit card | purcnases | | | | |

Debtor 1 Brett L. Duck

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| Debtor 2 | Brett L. Duck Ronda M. Duck | | Case number (_{if known}) | |
|----------|---|--|---|------------|
| 4.5 | Capital One/Walmart | Last 4 digits of account number | 5660 | \$147.23 |
| | Nonpriority Creditor's Name PO Box 4069 Carol Stream. IL 60197-4069 | When was the debt incurred? | | |
| - | Number Streat City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify credit card | purchases | |
| | Chase Nonpriority Creditor's Name | Last 4 digits of account number | 3857 | \$2,827.00 |
| | P.O. Box 15298 Wilmington, DE 19850-5298 | When was the debt incurred? | 2018-19 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | d alaine | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | o plans, and other similar debts | |
| | Yes | Other. Specify credit card | | |
| | Chase | Last 4 digits of account number | 9064 | \$1,524.84 |
| | Nonpriority Creditor's Name P.O. Box 15298 Wilmington, DE 19850-5298 | When was the debt incurred? | 2018-19 | |
| _ | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | ☐ Yes | Other. Specify credit card | purchases | |

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| Debtor Debtor | 1 Brett L. Duck 2 Ronda M. Duck | | Case number (if known) | |
|------------------|---|--|---|------------|
| 4.8 | Com Ed | Last 4 digits of account number | 0038 | \$438.01 |
| | Nonpriority Creditor's Name P.O. Box 6111 Carol Stream, IL 60197-6111 | When was the debt incurred? | 2019 | |
| • | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Utility | | |
| 4.9 | Comenity - Pier One Nonpriority Creditor's Name | Last 4 digits of account number | 1227 | \$19.53 |
| | Bankruptcy Department PO Box 182125 | When was the debt incurred? | 2019 | |
| | Columbus, OH 43218-2125 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify credit card | purchases | |
| 4.1 | Delnor-Community Hospital | Last 4 digits of account number | 7278 | \$6.549.06 |
| | Nonpriority Creditor's Name P.O. Box 71185 | When was the debt incurred? | | |
| | Chicago, IL 60694-1185 Number Street City State Zip Code | As of the data you file the claim | in Charle all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Спеск ан that арргу | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify medical se | | |
| | | | | |

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| 2 Ronda M. Duck | Case number (if known) | |
|---|--|------------|
| In Step Behavioral Health, S.C. | Last 4 digits of account number 8047,6635 | \$910.52 |
| Nonpriority Creditor's Name PO Box 3185 Carol Stream, IL 60132-3185 | When was the debt incurred? 2018-19 | _ |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot |
| ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify medical services | _ |
| Kohl's Payment Center | Last 4 digits of account number 9181 | \$619.82 |
| Nonpriority Creditor's Name | | |
| PO Box 1456 | When was the debt incurred? 2018-19 | |
| Charlotte, NC 28201 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | To of the sale year ine, and claim to other an area apply | |
| ☐ Debtor 1 only | ☐ Contingent | |
| ■ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | lacksquare Obligations arising out of a separation agreement or divorce that you did no | ot |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify credit card purchases | |
| Lending Club | Last 4 digits of account number 6580 | \$9,642.54 |
| Nonpriority Creditor's Name 595 Market Street, Suite 200 San Francisco CA 04405 | When was the debt incurred? 2018 | _ |
| San Francisco, CA 94105 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | , | |
| ☐ Debtor 1 only | ☐ Contingent | |
| ■ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | ■ Other. Specify personal loan | |

Debtor 1 Brett L. Duck

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| Debtor 1 Debtor 2 | Brett L. Duck Ronda M. Duck | | Case number (if known) | |
|----------------------|--|--|--|-------------|
| | Midwest Emergency Assocs. | Last 4 digits of account number | xxxx | \$218.16 |
| | Nonpriority Creditor's Name P.O. Box 5963 Carol Stream, IL 60197 | When was the debt incurred? | | |
| Ī | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify medical se | rvices | |
| J | Nordstrom Nonpriority Creditor's Name | Last 4 digits of account number | 2217 | \$1,144.15 |
| | P.O. Box 79139 Phoenix, AZ 85062 | When was the debt incurred? | 2018-19 | |
| Ī | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify credit card | purchases | |
| 0 | Northwestern Medicine Nonpriority Creditor's Name | Last 4 digits of account number | 2299 | \$35,029.87 |
| | PO Box 4090 Carol Stream, IL 60197-4090 | When was the debt incurred? | 2017 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify medical se | rvices | |

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| Debtor 2 | Brett L. Duck Ronda M. Duck | Case number (if known) | |
|----------|--|--|-------------|
| | PCMB Card Services | Last 4 digits of account number XXXX | \$15,276.00 |
| | Nonpriority Creditor's Name PO Box 15369 | When was the debt incurred? | |
| _ | Wilmington, DE 19850 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify credit card purchases | |
| 4.1 | PCMB Card Services | Last 4 digits of account number XXXX | \$1,524.00 |
| | Nonpriority Creditor's Name PO Box 15369 Wilmington | When was the debt incurred? | |
| | Wilmington, DE 19850 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify credit card purchases | |
| ٠ ١ | Penniall Family Dental | Last 4 digits of account number | \$228.50 |
| | Nonpriority Creditor's Name 40W330 LaFox Road, Suite C-1 Saint Charles, IL 60175 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify dental services | |

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| Ronda M. Duck | | Case number (if known) | |
|---|--|---|------|
| Synchrony Bank/ Old Navy | Look A dicite of annual control | 1048 | \$1: |
| Nonpriority Creditor's Name | Last 4 digits of account number | | ΨΙ |
| Attn: Bankruptcy Dept. | When was the debt incurred? | | |
| PO Box 965060 | | | |
| Orlando, FL 32896-5060 Number Street City State Zip Code | As of the date you file, the claim | is. Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the olding | S. Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | ☐ Debts to pension or profit-sharing | | |
| Yes | Other. Specify credit card | purchases | |
| Target Card Services | Last 4 digits of account number | 1613 | \$84 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | ΨΟ |
| PO Box 660170 Dallas, TX 75266-0170 | When was the debt incurred? | 2018-19 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| ☐ Check if this claim is for a community debt | _ | | |
| Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify credit card | purchases | |
| TD Bank USA/Target Credit | Last 4 digits of account number | 8726 | \$17 |
| Nonpriority Creditor's Name | | | Ψι |
| 3701 Wayzata Blvd. Minneapolis, MN 55416-3401 | When was the debt incurred? | 2018-19 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | L. L. C. | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| · · · · | 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | purchases | |

Debtor 1 Brett L. Duck

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| Debtor 2 | Brett L. Duck Ronda M. Duck | Case number (if known) | |
|----------|--|---|------------|
| 9 | TitleMax of Illinois, Inc. | Last 4 digits of account number 7308 | \$6,274.14 |
| | Nonpriority Creditor's Name 2015 W. Main St. Saint Charles, IL 60174 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you report as priority claims | u did not |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify title loan | |
| 4 | TJX Rewards/SYNCB | Last 4 digits of account number 2299 | \$1,760.07 |
| | Nonpriority Creditor's Name PO Box 530949 Atlanta, GA 30353-0949 | When was the debt incurred? 2018-19 | |
| _ | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | □ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you report as priority claims | ı did not |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify credit card purchases | |
| J | Tri-City Neurology | Last 4 digits of account number | \$317.00 |
| | Nonpriority Creditor's Name 2210 Dean St Saint Charles, IL 60175 | When was the debt incurred? 2017 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you report as priority claims | u did not |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Medical | |

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| Debtor 1 Debtor 2 | Brett L. D Ronda M. | | | Case n | umber (_{if k} | nown) | | |
|----------------------|--|---|---|--------------|-------------------------|--------------------------------|----------------|---------------------|
| 4.2 6 | JS Bank | | Last 4 digits of account number | er 3699 |) | _ | | \$4,902.51 |
| F | Nonpriority Cred P.O. Box 79 Saint Louis | | When was the debt incurred? | 2015 | 5-19 | | | |
| N | Number Street | City State Zip Code the debt? Check one. | As of the date you file, the claim | m is: Chec | k all that ap | pply | | |
| _ | Debtor 1 on | | | | | | | |
| _ | _ | • | Contingent | | | | | |
| | Debtor 2 on | • | ☐ Unliquidated | | | | | |
| _ | _ | d Debtor 2 only | Disputed | rad alaimu | | | | |
| _ | _ | of the debtors and another | Type of NONPRIORITY unsecu Student loans | red Claim: | | | | |
| | ⊐ Check if thi lebt | is claim is for a community | _ | | | | -1:-14 | |
| | | bject to offset? | Obligations arising out of a se report as priority claims | eparation a | greement o | r divorce that you o | aid not | |
| | No | • | Debts to pension or profit-sha | aring plans, | and other | similar debts | | |
| | ☐ Yes | | Other Specify credit can | rd purch | ases | | | |
| Part 3: | List Others | s to Be Notified About a Deb | at That You Already Listed | | | | | |
| is trying have mo | page only if y to collect fro ore than one o | you have others to be notified al | bout your bankruptcy, for a debt tha meone else, list the original creditor you listed in Parts 1 or 2, list the ac | in Parts 1 | or 2, then | list the collection | n agency here. | . Similarly, if you |
| Name and | l Address | | On which entry in Part 1 or Part 2 did y | | • | | | |
| ARS | 630806 | l | _ine <u>4.14</u> of (<i>Check one</i>): | | | vith Priority Unsecu | | |
| | ati, OH 452 | 263-0806 | | Part 2: | Creditors v | vith Nonpriority Un | secured Claims | 3 |
| | , | | ast 4 digits of account number | | | | | |
| | ollection S | | On which entry in Part 1 or Part 2 did y Line 4.10 of (<i>Check one</i>): | | • | ditor? vith Priority Unsecu | ured Claims | |
| P.O. Bo | n, WI 5370 | 1 | | Part 2: | Creditors v | vith Nonpriority Un | secured Claims | ; |
| Madiso | | | ast 4 digits of account number | | | | | |
| Part 4: | Add the A | mounts for Each Type of Un | secured Claim | | | | | |
| | e amounts of unsecured cla | | ms. This information is for statistica | ıl reporting | g purposes | only. 28 U.S.C. § | 159. Add the a | mounts for each |
| 7,100 | | | | | | Total Claim | | |
| Total | 6a. | Domestic support obligations | | 6a. | \$ | | 0.00 | |
| claims from Part | 1 6b. | Taxes and certain other debts | you owe the government | 6b. | \$ | | 0.00 | |
| nom r art | 6c. | | njury while you were intoxicated | 6c. | \$ — | | 0.00 | |
| | 6d. | · · · · · · · · · · · · · · · · · · · | ecured claims. Write that amount here | | \$ | | 0.00 | |
| | 6e. | Total Priority. Add lines 6a thro | urah 6d | 6e. | • | | 0.00 | |
| | oe. | rotair nonty. Add lines oa tillo | ugii ou. | 06. | \$ | | 0.00 | |
| | 04 | Oto-days lange | | 04 | | Total Claim | | |
| Total | 6f. | Student loans | | 6f. | \$ | | 0.00 | |
| claims | | | | | | | | |
| from Part | 2 6g. | Obligations arising out of a se you did not report as priority | eparation agreement or divorce that claims | 6g. | \$ | | 0.00 | |
| | 6h. | Debts to pension or profit-sha | ring plans, and other similar debts | 6h. | \$ | | 0.00 | |
| | 6i. | Other. Add all other nonpriority here. | unsecured claims. Write that amount | 6i. | \$ | 121,1 | 142.23 | |
| | 6i | Total Nonpriority, Add lines 6f | through 6i | 6i | \$ | 124 4 | 142 23 | |

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| | | DOGUILLE | III PAUE 3 I 01:30 | |
|---|-------------------------|-------------------|--------------------|-------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Brett L. Duck | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Ronda M. Duck | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | _ 0, ,, ,,,,,, |
| (if known) | | | | ☐ Check if this is a amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| | | | | | |

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| | | Docume | nt Page 32 o | <u>f 56</u> |
|-----------------------------------|---|---|-------------------------|---|
| Fill in this in | formation to identify your | case: | | |
| Debtor 1 | Brett L. Duck | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | Ronda M. Duck First Name | Middle None | Last Name | |
| (Spouse II, IIIIIIg) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Official I | Form 106H | | | |
| | Form 106H | | | |
| Schedu | le H: Your Cod | ebtors | | 12/15 |
| | nd case number (if known) u have any codebtors? (If | | | as a codebtor. |
| ■ No □ Yes | | | | |
| Arizona, | the last 8 years, have you California, Idaho, Louisiana, o to line 3. Did your spouse, former spou | Nevada, New Mexico, Pu | erto Rico, Texas, Washi | y? (Community property states and territories include ngton, and Wisconsin.) |
| in line 2 Form 100 out Colu | again as a codebtor only i 6D), Schedule E/F (Official | f that person is a guarant Form 106E/F), or Schedu | tor or cosigner. Make s | if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 6G). Use Schedule D, Schedule E/F, or Schedule G to fill Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| | | | | _ |
| 3.1 | mo | | | Schedule D, line |
| Nar | ile | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| Nur City | nber Street | State | ZIP Code | |
| 2.2 | | | | Cabadula D. lina |
| 3.2 Nar | me | | | □ Schedule D, line □ Schedule E/F, line |
| | | | | ☐ Schedule E/F, line |
| | when O' ' | | | |
| Nur City | mber Street | State | ZIP Code | |

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| Fill | in this information to i | dentify your ca | ase: | | | | | | | |
|--------|---|-----------------|---|----------------|---------------------------|-------------|--------------------|-----------------------|------------------------------------|----|
| Del | otor 1 | Brett L. Duc | k | | | | | | | |
| 1 | otor 2 | Ronda M. Dı | uck | | | | | | | |
| Uni | ted States Bankruptcy | Court for the | : NORTHERN DISTRIC | T OF ILL | INOIS | | | | | |
| | se number | | | | | Chec | ck if this is: | | | |
| (If kr | nown) | | | | | l | An amended | _ | | |
| | | | | | | | | | postpetition chapter llowing date: | |
| 0 | fficial Form 1 | <u> 1061</u> | | | | Ī | /M / DD/ Y | /YY | | |
| S | chedule I: Y | our Inc | ome | | | | | | 12/1 | 15 |
| | <u> </u> | Employment | On the top of any additi | | , , | u case n | ` | • | , · | n. |
| •• | information. | | | Debto | r 1 | | Debtor 2 | or non-fili | ing spouse | |
| | If you have more that attach a separate pa | | Employment status | ■ Em | ■ Employed | | | ■ Employed | | |
| | information about ac | | , | ☐ Not employed | | | ☐ Not employed | | | |
| | employers. | | Occupation | Warel | nouse | | Categor | y Manag | er | |
| | Include part-time, se self-employed work. | | Employer's name | Amaz | on | | Lifetime | Brands | Inc | |
| | Occupation may incor homemaker, if it a | | Employer's address | _ | ox 80683 e, WA 98108 | | 1000 Ste Garden | erwart Av City, NY | | |
| | | | How long employed to | nere? | Starting soon | | 2 | months | | |
| Par | t 2: Give Detai | Is About Mor | nthly Income | | | | | | | |
| | mate monthly incomuse unless you are se | | ate you file this form. If y | ou have | nothing to report for any | line, write | e \$0 in the s | space. Incl | lude your non-filing | |
| | u or your non-filing sp e space, attach a sepa | | ore than one employer, co | mbine th | e information for all emp | loyers for | that persor | on the lin | es below. If you need | l |
| | | | | | | For De | btor 1 | For Deb non-filin | otor 2 or ng spouse | |
| 2. | | | ry, and commissions (becalculate what the monthle | | | 1 | ,560.00 | \$ | 6,250.01 | |

Official Form 106l Schedule I: Your Income page 1

3.

+\$

0.00

6,250.01

0.00

1,560.00

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

3.

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| | tor 1 tor 2 | Brett L. Duck Ronda M. Duck | - | | Case | e number (<i>if kno</i> | own) | | | | |
|-----|-----------------------|---|-----------|------------|------|--------------------------|------|-------|------------------------|---------|---------------------|
| | | | | | Fo | r Debtor 1 | | | r Debtor n-filing s | spouse | |
| | Cop | by line 4 here | 4. | | \$_ | 1,560 | .00 | \$_ | 6 | ,250.0° | <u>1</u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | а. | \$ | 196 | .56 | \$ | | 947.2 | 2 |
| | 5b. | Mandatory contributions for retirement plans | 5b | ο. | \$ | | .00 | \$ | | 0.00 | 0 |
| | 5c. | Voluntary contributions for retirement plans | 50 | Э. | \$ | 0 | .00 | \$ | | 0.00 | 0 |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | 0 | .00 | \$ | | 0.00 | 0 |
| | 5e. | Insurance | 56 | €. | \$ | 0 | .00 | \$ | | 731.2 | 1 |
| | 5f. | Domestic support obligations | 5f | | \$ | 0 | .00 | \$ | | 0.00 | 0 |
| | 5g. | Union dues | 50 | g. | \$_ | | .00 | \$_ | | 0.00 | 0_ |
| | 5h. | Other deductions. Specify: | _ 5h | า.+ | \$_ | 0 | .00 | + \$_ | | 0.00 | 0_ |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 196 | .56 | \$_ | 1 | ,678.4 | 3_ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 1,363 | .44 | \$_ | 4 | ,571.58 | 8_ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | |
| | | monthly net income. | 88 | | \$_ | | .00 | \$_ | | 0.00 | |
| | 8b. | Interest and dividends | 8b | ο. | \$_ | 0 | .00 | \$_ | | 0.00 | <u>0</u> |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | C . | \$ | 0 | .00 | \$ | | 0.00 | 0 |
| | 8d. | Unemployment compensation | 80 | d. | \$ | 0 | .00 | \$ | | 0.00 | 0 |
| | 8e. | Social Security | 86 | €. | \$ | 0 | .00 | \$ | | 0.00 | 0 |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f | | \$_ | | .00 | \$_ | | 0.00 | |
| | 8g. | Pension or retirement income | 80 | _ | \$_ | | .00 | \$_ | | 0.00 | |
| | 8h. | Other monthly income. Specify: | _ 8r _ | า.+ | \$_ | 0 | .00 | + \$_ | | 0.00 | <u>0</u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 0 | .00 | \$_ | | 0.0 | 00 |
| 10. | Calo | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 1,363.44 | + \$ | 4 | ,571.58 | = \$ | 5,935.02 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | - | | ., | Ľ | | ,01 1100 | j L`- | 0,000.02 |
| 11. | Inclu othe Do r | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depe | | | | | • | | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | e. 12. | \$ | 5,935.02 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | | Comb | oined nly income |
| | | No. | | | | | | | | | |
| | ш | Yes. Explain: | | | | | | | | | |

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| | | | | | | • | | | | |
|------------|--|--|-------------------------|---|-----------------------------|------------------------|---------------|-----------------|---|--|
| FIII | in this informa | tion to identify yo | ur case: | | | | | | | |
| Deb | otor 1 | Brett L. Duck | (| | | Ch | | this is: | | |
| Deb | otor 2 | Ronda M. Du | ıck | | | | | _ | ving postpetition chapter | |
| (Spo | ouse, if filing) | | | | | | 13 | expenses as of | the following date: | |
| Unit | ted States Bankr | ruptcy Court for the: | NORTH | IERN DISTRICT OF ILLIN | OIS | | MN | // DD / YYYY | | |
| | se number nown) | | | | | | | | | |
| 0 | fficial Fo | rm 106J | | | | l | | | | |
| S | chedule | J: Your E | Exper | ises | | | | | 12/ ⁻ | |
| Be info | as complete a | and accurate as | possible. eded, atta | If two married people ar ch another sheet to this | | | | | or supplying correct | |
| Par | | ibe Your House | hold | | | | | | | |
| 1. | Is this a joir ☐ No. Go to | | | | | | | | | |
| | _ | s Debtor 2 live i | n a separ | ate household? | | | | | | |
| | ■ N | 0 | | al Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of De | ebtor | 2. | | |
| 2. | | e dependents? | □ No | , , | | | | | | |
| ۷. | Do not list D Debtor 2. | • | ■ Yes. | Fill out this information for each dependent | Dependent's relati | | | Dependent's age | Does dependent live with you? | |
| | Do not state dependents | | | Daughter | | | 5 | □ No ■ Yes | | |
| | | | | | Daughter | | | 8 | □ No ■ Yes | |
| | | | | | Daaginoi | | | | ■ res □ No | |
| | | | | | | | | | Yes | |
| | | | | | | | | | □ No □ Yes | |
| 3. | | enses include | • | No | | | | | 1 103 | |
| | | f people other th d your depender | | Yes | | | | | | |
| Est | imate your ex | ate Your Ongoir openses as of your date after the b | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | ou are using this followers | orm as a : J, check | supp the b | lement in a Cha | apter 13 case to report f the form and fill in the | |
| the | value of sucl | h assistance and | | government assistance i luded it on <i>Schedule I:</i> \ | | | | Your exp | oneae | |
| (Ot | ficial Form 10 |)6I.) | | | | | _ | Tour exp | elises | |
| 4. | The rental or home ownership expenses for your residence. payments and any rent for the ground or lot. | | | | nclude first mortgage | | \$_ | | 2,475.00 | |
| | If not includ | led in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | | rty, homeowner's | | | | 4b. | | | 0.00 | |
| | | maintenance, re owner's associati | | | | 4c. 4d. | _ | | 100.00 0.00 | |
| 5. | | | | our residence, such as ho | me equity loans | 4u. 5. | _ | | 100.00 | |

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| | ((1) | |
|-------------------------------|---|---|
| case numb | per (IT Known) | |
| | | |
| 6a. | \$ | 250.00 |
| 6b. | \$ | 70.00 |
| 6c. | \$ | 300.00 |
| 6d. | \$ | 0.00 |
| | \$ | 700.00 |
| 8. | \$ | 25.00 |
| 9. | \$ | 150.00 |
| 10. | \$ | 63.44 |
| 11. | \$ | 215.58 |
| 40 | | 400.00 |
| | * | 400.00 |
| | | 0.00 |
| 14. | \$ | 0.00 |
| | | |
| 150 | \$ | 90.00 |
| | · | 0.00 |
| | · | 200.00 |
| | · | 0.00 |
| | Ψ | 0.00 |
| 16. | \$ | 0.00 |
| _ | * | |
| 17a. | \$ | 536.00 |
| 17b. | \$ | 260.00 |
| 17c. | \$ | 0.00 |
| 17d. | \$ | 0.00 |
| | | |
| 18. | · | 0.00 |
| | \$ | 0.00 |
| | _ | |
| | | 0.00 |
| | · | 0.00 |
| | · | 0.00 |
| | | 0.00 |
| | · - | 0.00 |
| | | 0.00 |
| — ^{21.} _г | +\$ | 0.00 |
| | | |
| | \$ | 5,935.02 |
| | \$ | |
| | \$ | 5,935.02 |
| l | | |
| | • | |
| | · | 5,935.02 |
| 23b. | -\$ | 5,935.02 |
| ſ | | |
| 23c. | \$ | 0.00 |
| - | | |
| | | |
| ı file this | | s or dooroos become |
| | | e or decrease because o |
| | | e or decrease because of |
| | 6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c. 17d. 18. 19. 20a. 20b. 20c. 20d. 20e. 21. 23a. 23b. | 6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17c. \$ 17d. \$ 18. \$ \$ 19. \$ ule I: Your Income. 20a. \$ 20b. \$ 20c. \$ 20d. \$ 20e. \$ 21. +\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

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| Fill in this infor | mation to identify your | case: | |
|---|---|---|--|
| Debtor 1 | Brett L. Duck | | |
| | First Name | Middle Name Last Name | |
| Debtor 2 | Ronda M. Duck | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | |
| Case number | | | |
| (if known) | | | ☐ Check if this is an amended filing |
| f two married performance file things to be the second of | eople are filing togethe s form whenever you f | n connection with a bankruptcy case can resul | |
| Sign | n Below | | |
| Did you pa | y or agree to pay some | one who is NOT an attorney to help you fill out | bankruptcy forms? |
| ■ No | | | |
| ☐ Yes. N | Name of person | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | lty of perjury, I declare e true and correct. | that I have read the summary and schedules fi | led with this declaration and |
| X /s/ Bre | tt L. Duck | X /s/ Ronda | a M. Duck |
| | Duck | Ronda M | |
| Signatu | re of Debtor 1 | Signature of | of Debtor 2 |
| Date | November 27, 2019 | Date No | vember 27, 2019 |

| Fill | in this inforr | nation to identify you | r case: | | | |
|-------------------|----------------------------|---|--|--|---|---|
| De | btor 1 | Brett L. Duck | | | | |
| _ | | First Name | Middle Name | Last Name | | |
| | btor 2 buse if, filing) | Ronda M. Duck First Name | Middle Name | Last Name | | |
| | | akruptov Court for the | NORTHERN DISTRICT (| OF ILLINOIS | | |
| Un | ileu Slaies da | nkruptcy Court for the: | NORTHERN DISTRICT | DF ILLINOIS | | |
| | se number | | | | _ | Check if this is an mended filing |
| St | | of Financial | | duals Filing for B | | 4/19 |
| info nun | rmation. If m | ore space is needed, n). Answer every ques | attach a separate sheet to stion. | this form. On the top of any | equally responsible for sup y additional pages, write you | |
| Pa | | | rital Status and Where You | I Lived Before | | |
| 1. | What is you | r current marital statu | is? | | | |
| | ■ Married □ Not man | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | ı. | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. stat | | | | | ity property state or territory ico, Texas, Washington and W | |
| | ■ No | | | | | |
| | ☐ Yes. Ma | ake sure you fill out Sch | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Pa | rt 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | al amount of income yo | u received from all jobs and a | ng a business during this yeall businesses, including partete together, list it only once ur | | ndar years? |
| | □ No | | | | | |
| | _ | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$3,500.00 | ■ Wages, commissions, bonuses, tips | \$10,096.17 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Brett L. Duck Debtor 1 Debtor 2 Ronda M. Duck Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$3,190.12 \$124,293.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$6,911.00 \$76,846.33 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Unemployment \$0.00 \$12,264.00 the date you filed for bankruptcy: For last calendar year: Unemployment \$4.576.00 Unemployment \$0.00 (January 1 to December 31, 2018) **Gambling Winnings** \$1,000.00 Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Amount you still owe

Was this payment for ...

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Debtor 2 Ronda M. Duck Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο П Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person Person to Whom You Gave the Gift and Address:

Debtor 1

Brett L. Duck

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| De | otor 2 Ronda M. Duck | | Case numbe | (if known) | | | | |
|-----|--|---------|--|---|------------------------------|--|--|--|
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. | | | | | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo | | Describe what you contributed | Dates you contributed | Value | | | |
| Pai | rt 6: List Certain Losses | | | | | | | |
| 15. | Within 1 year before you filed for bankroor gambling? | uptcy o | r since you filed for bankruptcy, did you lose any | thing because of the | ft, fire, other disaster, | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Describe the property you lost and how the loss occurred | Includ | ribe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | |
| Pai | rt 7: List Certain Payments or Transfer | | ince dains on line 33 of Schedule A/B. Property. | | | | | |
| | □ No ■ Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Robert N. Honig 116 S. York St. Suite 215 Elmhurst, IL 60126 robert@roberthonig.com | prepare | Description and value of any property transferred Attorney Fees | Date payment or transfer was made | Amount of payment \$1,700.00 | | | |
| | CC Advising, Inc. 703 Washington Ave. Ste. 200 Bay City, MI 48708 | | Credit Counseling | Nov., 2019 | \$20.00 | | | |
| 17. | Within 1 year before you filed for bankri promised to help you deal with your cree Do not include any payment or transfer that I No Yes. Fill in the details. | editors | | or transfer any prope | erty to anyone who | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |
| | | | | | | | | |

Debtor 1 Brett L. Duck

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Debtor 1 Brett L. Duck
Debtor 2 Ronda M. Duck

Case number (if known)

| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already list No Yes. Fill in the details. | ness or financial affa as security (such as t | nirs? he granting of a s | | | _ | | |
|-----|--|---|------------------------------------|------------|---|-----------------|--------------------------|--|
| | Person Who Received Transfer Address | Description and v property transferr | | payme | ibe any property or ents received or debts n exchange | Date tr made | ansfer was | |
| | Person's relationship to you | | | paid ii | rexchange | | | |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No Yes. Fill in the details. | | y property to a s | elf-settle | d trust or similar device | of which | you are a | |
| | Yes. Fill in the details. Name of trust | Description and v | alue of the prop | erty trans | nsferred | | ransfer was | |
| | | | | • | | made | | |
| Pa | rt 8: List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Sto | rage Unit | s | | | |
| 20. | Within 1 year before you filed for bankruptcy, v | were any financial ac | counts or instru | ments he | ld in your name, or for y | our bene | fit, closed, | |
| | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | | ast 4 digits of | Type of accour | nt or | Date account was | L | _ast balance | |
| | | ccount number | instrument | | closed, sold, moved, or transferred | befor | e closing or transfer | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | |
| | No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe 1 | the contents | Do y | ou still it? | |
| 22. | Have you stored property in a storage unit or p | place other than your | home within 1 y | ear befor | e you filed for bankrupt | y? | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | Who also has as h | I | Dogoviho | the contents | Day | very etill | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, State and ZIP Code) | | Describe | the contents | have | ou still; it? | |
| Pai | rt 9: Identify Property You Hold or Control for | Someone Else | | | | | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Inclu | ude any property | you borr | owed from, are storing | or, or ho | old in trust | |
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | _ | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe 1 | the property | | Value | |
| | Ron & Linda Stephano North Aurora, IL | Debtors' Reside | ence l | Househo | old items | | \$500.00 | |

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Debtor 1 Brett L. Duck
Debtor 2 Ronda M. Duck

Case number (if known)

| Part 10: | Give Details | About | Environmental | Information |
|----------|---------------------|-------|----------------------|-------------|
|----------|---------------------|-------|----------------------|-------------|

| For | the purpose of Part 10, the following definitions a | ipply: | | | | | | |
|-----|---|--|---------------------------------------|-----------------------|--|--|--|--|
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | | |
| | Site means any location, facility, or property as d to own, operate, or utilize it, including disposal s | • | law, whether you now own, operate, | or utilize it or used | | | | |
| | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or si | | s waste, hazardous substance, toxic s | substance, | | | | |
| Rep | ort all notices, releases, and proceedings that you | u know about, regardless of wher | n they occurred. | | | | | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liable | under or in violation of an environme | ental law? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of any r | elease of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or administ | rative proceeding under any envi | ronmental law? Include settlements | and orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | t 11: Give Details About Your Business or Conn | ections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, di | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | |
| | ☐ A sole proprietor or self-employed in a tr | ade, profession, or other activity, | either full-time or part-time | | | | | |
| | ☐ A member of a limited liability company (| LLC) or limited liability partnersh | ip (LLP) | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executive | ve of a corporation | | | | | | |

Business Name

(Number, Street, City, State and ZIP Code)

Address

Describe the nature of the business

Name of accountant or bookkeeper

No. None of the above applies. Go to Part 12.

☐ An owner of at least 5% of the voting or equity securities of a corporation

Yes. Check all that apply above and fill in the details below for each business.

Employer Identification number

Dates business existed

Do not include Social Security number or ITIN.

Case 19-33765 Doc 1 Filed 11/27/19 Entered 11/27/19 12:03:46 Desc Main Page 44 of 56 Document **Brett L. Duck** Debtor 1 Debtor 2 Ronda M. Duck Case number (if known) Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ☐ Yes. Fill in the details below. Name **Date Issued** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Ronda M. Duck /s/ Brett L. Duck Ronda M. Duck **Brett L. Duck** Signature of Debtor 1 Signature of Debtor 2 Date November 27, 2019 Date November 27, 2019 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No.

■ No

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Debtor 1 | Brett L. Duck | | | |
|---------------------------------|--------------------------|-------------------|-------------|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Ronda M. Duck | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba Case number | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| if known) | | | | ☐ Check if this is an amended filing |

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

| Part 1: | List Your | Creditors | Who Have | Secured | Claims |
|---------|-----------|-----------|----------|---------|--------|
| | | | | | |

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C |
|---|--|---|
| Creditor's PNC Bank name: | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of property securing debt: 2018 Volkswagen Tiguan 32,000 miles | ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ■ Yes |
| Creditor's TitleMax of Illinois, Inc. name: | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of 2006 Hummer H3 120,000 miles property securing debt: | Retain the property and enter into a Reaffirmation Agreement.Retain the property and [explain]: | ■ Yes |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| | otor 1 otor 2 | Brett L. Duck Ronda M. Duck | Case nu | umber (if known) |
|-------------|------------------|---|--|---|
| Les | sor's n | ame: | | □ No |
| Des | | n of leased | | ☐ Yes |
| | sor's na | ame: n of leased | | □ No |
| Pro | perty: | | | ☐ Yes |
| | sor's na | ame: n of leased | | □ No |
| | perty: | | | ☐ Yes |
| | sor's na | ame: n of leased | | □ No |
| Property: | | | | ☐ Yes |
| | sor's na | ame: n of leased | | □ No |
| | perty: | Torreased | | ☐ Yes |
| | sor's n | | | □ No |
| | perty: | n of leased | | ☐ Yes |
| | sor's na | ame: n of leased | | □ No |
| | perty: | 707100000 | | ☐ Yes |
| Par | t 3: | Sign Below | | |
| Und prop | er pen | alty of perjury, I declare that I have indic nat is subject to an unexpired lease. | ated my intention about any property of my e | estate that secures a debt and any personal |
| X | /s/ B | rett L. Duck | X /s/ Ronda M. Duck | |
| | | t L. Duck ature of Debtor 1 | Ronda M. Duck Signature of Debtor 2 | |
| | Date | November 27, 2019 | Date November 27, | 2019 |
| | Date | 140 VOIIIDGI ZI, ZUIJ | Pato Hovelibel 21, | 2010 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter | 7: | Liquidation |
|----------|-------|--------------------|
| (| \$245 | filing fee |
| | \$75 | administrative fee |
| <u>+</u> | \$15 | trustee surcharge |
| , | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-33765 Doc 1 Filed 11/27/19 Entered 11/27/19 12:03:46 Desc Main Document Page 51 of 56

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Brett L. Duck Ronda M. Duck | | Case No. | | |
|---|---|--|---|-------------------------------------|--|
| | Nonda W. Buck | Debtor(s) | Chapter | 7 | |
| | DISCLOSUDE OF CO. | MDENCATION OF ATTOI | NEV EOD DE | PDTOD(C) | |
| | | MPENSATION OF ATTOR | | ` , | |
| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services render be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | |
| | For legal services, I have agreed to accept | | \$ | 1,700.00 | |
| | Prior to the filing of this statement I have re | ceived | | 1,700.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. T | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. T | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 1. ■ | ■ I have not agreed to share the above-disclose | ed compensation with any other person | unless they are mem | bers and associates of my law firm. | |
| [| ☐ I have agreed to share the above-disclosed cocopy of the agreement, together with a list of | | | | |
| 5. I | In return for the above-disclosed fee, I have agre | eed to render legal service for all aspect | s of the bankruptcy c | ase, including: | |
| a. b c. d e. | I. Representation of the debtor in adversary pro | les, statement of affairs and plan which f creditors and confirmation hearing, an | may be required; d any adjourned hea | | |
| б. В | By agreement with the debtor(s), the above-discl | losed fee does not include the following | service: | | |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete stateme ankruptcy proceeding. | nt of any agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in | |
| No | ovember 27, 2019 | /s/ Robert N. Hon | ig | | |
| Da | | Robert N. Honig 6 Signature of Attorne Robert N. Honig 116 S. York St. Suite 215 Elmhurst, IL 6012 | 5216254 y 6 | | |
| | | (630) 834-1800 F robert@roberthol Name of law firm | | 3 | |

Case 19-33765 Doc 1 Filed 11/27/19 Entered 11/27/19 12:03:46 Desc Main Page 52 of 56 ATTORNEY - CLIENT AGREEMENT

(the "Client"), hereby agrees to retain Robert N. Honig (the "Attorney") with offices at 116 S. York Street, Suite 215, Elmhurst, Illinois 60126, in relation to a Chapter 7 Bankruptcy (the "Matter").

- 1. The Client agrees to pay for legal services performed in connection with the Matter, plus the costs of filing, for work performed by Robert N. Honig. The Client will pay the entire fee in advance of filing the bankruptcy petition. All amounts paid are non-refundable. This Agreement represents an advance payment retainer, wherein the Client is paying up front for services to be performed by the Attorney in the future. The Attorney is unwilling to represent the Client without receiving an advance payment retainer. In the context of a bankruptcy, this arrangement is advantageous as it ensures that the fees paid will go to the Attorney and will not be subject to the rights of the Client's creditors. All funds paid shall be deposited into the Attorney's business account.
- 2. The fee includes counseling, preparation and filing of the bankruptcy petition and representation at the first meeting of creditors. the fee is anticipated to be a flat fee for the Chapter 7 case. Any other proceedings in connection with the Matter, including but not limited to, representation with respect to any and all adversary proceedings will be charged at \$200 per hour, which is a one-third discount from my regular rate of \$300 per hour.
- 3. It is specifically agreed and understood that this Agreement is subject to an agreement by the Client to cooperate fully and that the Attorney reserves the right to terminate representation and withdraw if Client breaches any of his agreements hereunder, does not cooperate fully, or intentionally provides information which is untrue or inaccurate.
- 4. The Client authorizes and directs the Attorney to incur reasonable and necessary expenses and costs with respect to the Matter, and the Client agrees to pay for all out-of-pocket disbursements incurred in connection with the Matter (e.g., filing fees, overnight carrier expenses, and other incidental expenses). The filing fee of \$335 must be paid by the Client before the petition will be filed.
- 5. As with any legal proceeding, there is no law that requires you to retain an attorney for bankruptcy representation. You may represent yourself.
- 6. This agreement shall be construed in accordance with Illinois law. If the Client and the Attorney are unable to resolve differences with respect to any fee or expense, they hereby agree to make a good faith effort to resolve their dispute. If the dispute cannot be resolved, the Client and the Attorney hereby agree to file all claims in the Circuit Court of Dupage County, Illinois.
- 7. The foregoing represents the entire agreement between the parties hereto. The Attorney has not made any promises or guarantees with respect to the outcome of this case. Any predictions are based on the Attorney's good faith predictions pursuant to his experience and knowledge of the law. By signing below, the Client acknowledges having carefully read this Agreement, understanding its contents, and agreeing to be bound by all of its terms and conditions.
- 8. THE CLIENT RECOGNIZES THAT THIS IS A CONTRACT FOR SERVICES AND UNDERSTANDS THAT IT HAS THE RIGHT TO CONSULT WITH ANOTHER ATTORNEY CONCERNING THE TERMS OF THIS AGREEMENT PRIOR TO SIGNING IT.

| CONCERNING THE TERMS OF THIS AG | REEMENT PRIOR TO SIGN | INIC IT |
|---------------------------------|--|----------|
| x Ronda DUK | - Distriction to side | AING II. |
| Client | the state of the s | : 23 1 6 |
| 11-2-19 | Attorney | 1 |
| Date | 1 1400 | |
| | Date | |
| Cliept | | |
| 11-76-19 | | |
| Date | | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Brett L. Duck Ronda M. Duck | | Case No. | | |
|--|--------------------------------|---|----------|---|--|
| | | Debtor(s) | Chapter | 7 | |
| | | | | | |
| | VERIFI | CATION OF CREDITOR M | ATRIX | | |
| | | Number of Creditors: 30 | | | |
| The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of (our) knowledge. | | | | | |
| Date: | November 27, 2019 | /s/ Brett L. Duck Brett L. Duck | | | |
| Date: | November 27, 2019 | Signature of Debtor /s/ Ronda M. Duck Ronda M. Duck | | | |
| | | Signature of Debtor | | | |

ARS PO Box 630806 Cincinnati, OH 45263-0806

Banyan Chicago 50 S Main St., #290 Naperville, IL 60540

Body Solutions Chiropractic & Rehab Center 40W 222 Lafox Road, Suite G-1 Saint Charles, IL 60175-7625

Capital One PO Box 4069 Carol Stream, IL 60197-4069

Capital One P.O. Box 6492 Carol Stream, IL 60197-6492

Capital One/Walmart PO Box 4069 Carol Stream, IL 60197-4069

Chase P.O. Box 15298 Wilmington, DE 19850-5298

Com Ed P.O. Box 6111 Carol Stream, IL 60197-6111

Comenity - Pier One Bankruptcy Department PO Box 182125 Columbus, OH 43218-2125

Delnor-Community Hospital P.O. Box 71185 Chicago, IL 60694-1185

In Step Behavioral Health, S.C. PO Box 3185 Carol Stream, IL 60132-3185 Kohl's Payment Center PO Box 1456 Charlotte, NC 28201

Lending Club 595 Market Street, Suite 200 San Francisco, CA 94105

Midwest Emergency Assocs. P.O. Box 5963 Carol Stream, IL 60197

Nordstrom
P.O. Box 79139
Phoenix, AZ 85062

Northwestern Medicine PO Box 4090 Carol Stream, IL 60197-4090

PCMB Card Services PO Box 15369 Wilmington, DE 19850

PCMB Card Services PO Box 15369 Wilmington Wilmington, DE 19850

Penniall Family Dental 40W330 LaFox Road, Suite C-1 Saint Charles, IL 60175

PNC Bank
P.O. Box 747032
Pittsburgh, PA 15274-4032

Specialized Loan Servicing LLC PO Box 60535 City of Industry, CA 91716-0535

State Collection Service P.O. Box 6250 Madison, WI 53701

Synchrony Bank/ Old Navy Attn: Bankruptcy Dept. PO Box 965060 Orlando, FL 32896-5060

Target Card Services PO Box 660170 Dallas, TX 75266-0170

TD Bank USA/Target Credit 3701 Wayzata Blvd. Minneapolis, MN 55416-3401

TitleMax of Illinois, Inc. 2015 W. Main St. Saint Charles, IL 60174

TJX Rewards/SYNCB PO Box 530949 Atlanta, GA 30353-0949

Tri-City Neurology 2210 Dean St Saint Charles, IL 60175

US Bank P.O. Box 790408 Saint Louis, MO 63179-0408

Wells Fargo Bank, NA P.O. Box 10335 Des Moines, IA 50306